

Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE CHELSEA, MA

ile with: City or Town Clerk or Election Commission Please print or type all	2011 SEP 19 P 3: 46 information, except signatures.
Fill in dates: Reporting Period Beginning Month Date	Year Month Date Year // Ending 8 - 26 - //
Type of report: (Check one) Sth day preceding preliminary 8th day preceding ele	ection 30 day after election year-end report dissolution
KATHLEEN CREASIN BISHOP Full Name of Candidate (if applicable) DISTINT ONE CITY COUNCILLY Office Sought and District 121 Cool Ave Chelsch Residential Address Tel. No. (optional)	Committee Name PNN C, BISho Name of Committee Treasurer 2 Coo A e Committee Mailing Address 12 Sa MA 02150 b17-884-9265 Tel. No. (optional)
SUMMARY BALA Line 1: Ending balance from pr Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minu Line 6: Total in-kind contributions Line 7: Total (all) outstanding liab Line 8: Name of bank(s) used	S
finance activity, including all contributions, loans, receipts, expenditures, disbu campaign finance activity of all persons acting under the authority or on behalf	is, to the best of my knowledge and belief, a true and complete statement of all campaign ursements, in-kind contributions and liabilities for this reporting period and represents the f of this committee in accordance with the requirements of M.G.L. c. 55. benalties of perjury:
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it is	s, to the best of my knowledge and belief, a true and complete statement of all campaign committee in accordance with the requirements of M.G.L. c. 55. I have not received any during this reporting period. It filling separate report It is, to the best of my knowledge and belief, a true and complete statement of all campaign sements, in-kind contributions and liabilities for this reporting period and represents the fof this committee in accordance with the requirements of M.G.L. c. 55.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)	
		•			
		•			
				· · · · · · · · · · · · · · · · · · ·	
-					
Line 9: T	otal receipts in excess of \$50 (or listed above)				
Line 10: T	otal receipts \$50 and under* (not listed above)				
Line 11: T	OTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount	
	(alphabetical listing)				
$\overline{}$			 		
		X			
/					
1		Line 12:	Expenditures over \$50		
	Ī		Expenditures \$50 and under*		
E	nter on page 1, line 4	Line 14:	TOTAL EXPENDITURES		

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
·				
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
2009	KAThlera C. B.Shap	Pal Cook Aue	All FlecTlinco	1 T) 2340.40
-				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	2340,40

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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